architectural concepts/designs for AIIMS like institution have been taken up. During 2004-05 a sum of Rs. 60 crores has been provided. The hospitals are expected operational after three years from the date of commencement of construction.

(c) to (e) These States have been chosen as they are under served in terms of social and health indicators such as high incidence or mortality and morbidity, inadequate facilities for superspeciality services etc.

Compilation of HIV data

242. DR. ALLADI P. RAJKUMAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether official data of HIV infected people in India are being doubted by Geneva based global fund to fight AIDS;

(b) the action proposed to compile HIV data by an independent body; and

(c) the efforts proposed to step up the programme to fight the disease?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) Yes, Sir. Various outside agencies working on HIV/AIDS, used to give a misleading picture of HIV epidemic in India by quoting un-realistic figures of HIV infections. The Executive Director of Global Fund on AIDS, TB and malaria during his recent list to India, has also quoted very high projections of HIV estimates in the country.

National AIDS Control Organization is the only organization in this country, which collects data from the field, through sentinel sites on a yearly basis. This data is being used for estimating HIV infections in the country. One such round was conducted during August to October, 2003 in 455 sites all over the country. This data indicates that the estimated number of HIV infections in the country is 51 lakh infections. These estimates have been endorsed by WHO, UNAIDS and ICMR. During the year 2004, the annual round was conducted in 670 sites and this data is being analysed.

(c) In order to prevent and control the spread of HIV/AIDS in India, Government of India has launched a comprehensive National AIDS

Control Programme, currently under implementation throughout the country as a Centrally sponsored scheme under following components:—

- Preventive interventions for high-risk populations through targeted interventions adopting a multi-pronged strategy including peer counseling and behaviour change communication.
- Preventive intervention for the general population through programmes for blood safety, voluntary counseling and testing services, Prevention of Parent to Child Transmission (PPTCT), Information Education and Communication (IEC) and awareness building among adolescents and sensitization for the AIDS Vaccine Initiative.
- Provision of low cost care and support services by providing community care services, treatment of opportunistic infections and prevention of occupational exposure.
- Collaborative efforts to promote inter-sectoral programme activities including workplace interventions and public-private partnerships.
- Build technical and managerial capacities for programme implementation through Surveillance, Training, Monitoring and Evaluation, Technical resource groups, operational research and programme management.

World Bank assistance to Maharashtra for Medical Education

243. SHRI DATTA MEGHE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government had, on May 14, 2001, asked the State Government of Maharashtra to send a proposal to seek World Bank assistance for strengthening the quality of medical education and improving the physical infrastructure of Government Medical Colleges and attached hospitals of the State;

(b) if so, the details thereof;

(c) whether the Government of Maharashtra has sent the proposals in this regard to Government;